



VR-573X (12/13)

AV #:	(7 digits)
ACCES-VR ID #:	(6 digits)
CaMS ID #:	(10 digits)

SUPPORTED EMPLOYMENT
Job Placement Report
573X – Job Placement Day 5

Provider Name:

NYS Fiscal System #:

Section 1: Employment Details & Deliverables

Consumer Name:

Job Title:

Business Name (Employer):

Name of Supervisor:

Start Date of Employment:

List First Three Dates of Actual Work:

Work Schedule/Hours:

Wages:

Job Description (describe job responsibilities or attach job description):

Type of Job Placement - individual or group (enclave, work crew):

If group placement, describe how this site is considered an integrated work setting:

Benefits (detail type and eligibility date):

List any Hiring Incentives Utilized (WTO, OJT, Tax Credit, etc.):

Section 2: Performance

1. What job tasks does this individual need to learn, during the next phase of employment?
2. Is the business satisfied with the individual's performance?

Superior Satisfactory Needs Improvement

VR-573X (12/13)

- 3. Identify areas of performance or behavior that require improvement and note strategies that will address these areas (refer to Intensive Service Plan):

- 4. Identify and list potential natural supports:

- 5. Comments (if required):

Section 3: Retention Checklist

Retention Concerns: (indicate if the following have been addressed or needs to be addressed; provide additional explanation where appropriate, and use N/A for items that do not apply):

	Addressed	Needs To Be Addressed	N/A
Appearance/Hygiene:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Accommodation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation/Navigation to Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Clothes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy/Medical Treatment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Orientation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan to Elicit Regular Supervisor and Consumer Feedback:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Training Provided:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver: Off-Site Coaching:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Manager Involved:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/Friends/Coworkers (as natural supports):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Section 4: Approval

Below, note date of discussion with VRC regarding approval of this placement. Does the VRC consider the placement to be a satisfactory match in terms of the individual's aptitudes, interests, limitations and strengths? Yes No

Date of discussion:

Signature of Provider

Title

Date